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**CENTRAL LOCATION**  
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**Examiner:** Camtu Tran Nguyen **Group:** 3743

**Date:** November 13, 2006

**Client Code:** 3479

**Facsimile No.:** 571-273-8300

**From:** Alice O. Carroll /AO Carroll

**Subject: Paper:** Supplemental Amendment

**Docket No.:** 3479.1000-001

**Applicant:** Andrew W. Artenstein

**Serial No.:** 10/741,531

**Filing Date:** December 19, 2003

Number of pages including this cover sheet: 12

Please confirm receipt of facsimile: Yes X No    

**Comments:**

Attached is a Supplemental Amendment

@PFD\ktop\ ODMA\MHODMA\HBSRFSite\manage.662544.1

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Nov-13-06 12:43pm From:HBSR  
AOC/rmd  
November 13, 2006

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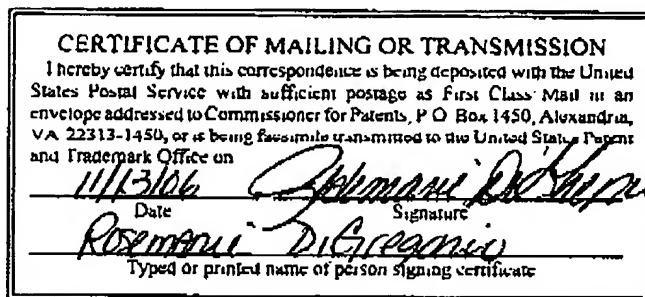
T-281 P.02/11 F-804

DOCKET NO.3479.1000-001

NOV 13 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Andrew W. Artenstein  
Application No.: 10/741,531 Group: 3743  
Filed: December 19, 2003 Examiner: Camtu Tran Nguyen  
Confirmation No.: 5148  
For: BANDAGING DEVICE FOR SEQUESTERING A WOUND OR  
INOCULATION SITE



Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Amendment for filing in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

10/741,531

-2-

The claims fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	31	MINUS *	43	0
INDEP	3	MINUS **	6	0

☐ FIRST PRESENTATION OF MULTIPLE DEP CLAIM

\* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY			OTHER THAN SMALL ENTITY	
RATE	ADDIT FEE	OR	RATE	ADDIT FEE
X \$25	\$		X \$50	\$
X \$100	\$		X \$200	\$
+ \$180	\$		+ \$360	\$

TOTAL= \$ 0      TOTAL= \$ 0

The Application Size Fee has been calculated as shown below:  
(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY		OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed	Rate	Total Amount Owed
X \$125	\$[ ]	X \$250	\$[ ]

Payment Sufficient for up to
[ ] Sheets

### Petition for Extension of Time

PAGE 3/3 \* RCVD AT 11/13/2006 12:46:38 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-2/19 \* DNIS:2738300 \* CSID:1 978 341 0242 \* DURATION (mm-ss):01-00